	Protocol Number (if applicable):

Triage Checklist	
Primary CDC Contact:	
Protocol Title:	
Completed by:	**Date:**
Required Items	**YES or Not Applicable (N/A)**
1. Consecutively page-numbered protocol and attachments?	[ ] YES [ ] N/A
2. Reading level and method on all consent form(s)?	[ ] YES [ ] N/A
3. Scientific Ethics Verification (SEV)#s for all CDC investigators?	[ ] YES [ ] N/A
4. Waiver(s) properly justified? A. Informed consent 46.116(d) B. Documentation of consent 46.117(c)(1) or (2) C. Parental permission 46.116(d) or 46.408(c)	 A. [ ] YES [ ] N/A B. [ ] YES [ ] N/A C. [ ] YES [ ] N/A
5. Vulnerable populations properly addressed? A. Children B. Pregnant Women, Human Fetuses or Neonates C. Prisoners	 A. [ ] YES [ ] N/A B. [ ] YES [ ] N/A C. [ ] YES [ ] N/A
6. CDC investigator(s)'s role(s) described?	[ ] YES [ ] N/A
7. Protocol specifics (questionnaires, assent forms, focus group scripts) included?	[ ] YES [ ] N/A
8. If study involves HIV testing of linked specimens and results will **NOT** be given to subjects, justification for an exception to the PHS policy is needed.	[ ] YES [ ] N/A
9a. Does CDC have a Certificate of Confidentiality to cover this project?	YES [ ] NO [ ] Applied for [ ] N/A [ ]
9b. Does CDC have an Assurance of Confidentiality to cover this project?	YES [ ] NO [ ] Applied for [ ] N/A [ ]
10. Suggested level of risk?	[ ] Minimal [ ] Greater than
11. Suggested expeditable category(ies) (Ref: 46.110(b)(1)):	[ ] YES [ ] N/A
12. Suggested reason(s) for a convened full IRB review:	[ ] YES [ ] N/A